U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

L CMS V			
1. File Number U - 7357	2. Fiscal Year Covered From:		
,	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Michael J Ruggieri	Name Iron Workers Local 37		
	Labor Organization File Number 023 - 416		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 25 Brookwood Lane	Street 845 Waterman Avenue		
City Cumberland	City East Providence		
State Rhode Island ZIP Code + 4 02864	State Rhode Island ZIP Code + 4 02914		
5. Position in labor organization. Business Manager			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street Annual Control of the Control			
City City City City City City City City			
State ZIP Code + 4			
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information			

Name of Person Filing Michael Ruggieri	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Fidelity Investments Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 770002 Street City Cincinnati State Ohio ZIP Code + 4 45277	a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Iron Workers Local 37 Retirement Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any	Dinner			
Street 845 Waterman Avenue	11.b. Approximate dollar value of such dealing. \$30			
City East Providence	12.a. Nature of interest held or income received.			
State Rhode Island ZIP Code + 4 02914				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Freedom Capital				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street 1 Beacon Street City Boston				
State Massachusetts ZIP Code + 4 02108				
Remarkation and the second of	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$200			

Name of Person Filing Micl	hael Ruggieri	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name I. W. DISTRICT COUNCIL OF NEW ENGLAND	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 161 GRANITE AVENUE	c. Employer
City DORCHESTER	
State Massachusetts ZIP Code + 4 02124	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	LUNCHS & DINNERS
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$194
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing Michael Ruggieri Fi	File Number U -
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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Fidelity Investments	a. Labor Organization	
Trade Name, if any:	d. Edsor Organization	
P.O. Box, Bldg., Room No., if any PO Box 770002	X b. Trust	
Street	c. Employer	
City Cincinnati		
State Ohio ZIP Code + 4 45277		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers Local 37 Retirement Plan	Golf and Lunch	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 845: Waterman Avenue		
City East Providence		NO MITTE NEW YORK YORK WAS IN THE PROPERTY OF
State Rhode Island ZIP Code + 4 02914	11.b. Approximate dollar value of such dealing.	\$150
	12.a. Nature of interest held or income received.	
		STATE OF THE STATE
		navaran
	12.b. Amount.	

Name of Person Filing Michael	Ruggieri	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Fidelity Investments	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any PO Box 770002	b. Trust	
Street	c. Employer	
City Cincinnation Control Cont		
State Ohio ZIP Code + 4 45277		
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers Local 37 Retirement Plan	Golf and Dinner	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		and the second s
Street 845 Waterman Avenue		BANKAN
City East Providence		
State Rhode Island ZIP Code + 4 02914	11.b. Approximate dollar value of such dealing.	\$125
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing Michael	Ruggieri	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name I.W. District Council of New England Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 161 Granite Avenue City Dorchester State Massachusetts ZIP Code + 4 02124	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Lunch and Dinner	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$66
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing	Michael	Ruggieri

File Number U-

Part B Continuation Page

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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name I.W. District Council of New England	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 161 Granite Avenue	c. Employer	
City Dorchester		
State Massachusetts ZIP Code + 4 02124		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Lunch and Dinner	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	The state of the control of the distribution of the chart	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$84
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing	Michael	Ruggieri
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C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	A and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name American Equipment Rentals	Golf and Dinner
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street One Fields Point Drive	
City Providence	
State Rhode Island ZIP Code + 4 02905	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$80
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name BOSTON PARTNERS	GOLF & LUNCH
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 28 STATE ST	
City BOSTON	
State Massachusetts ZIP Code + 4 02109	The control control and the co
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$190
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City Indiana Control of the Control	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

THE RESERVE THE PROPERTY OF TH	Name of Person	Filing	Michael	Ruggieri
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File	Number	11.

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.			
trade name, if any).	Golf and Dinner			
Name Delta Dental				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City Providence				
State Rhode Island ZIP Code + 4 02901				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.			
trade name, if any). Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Michael	Ruggieri	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	d. Labor Organization	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street International Contract of the Contract	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	50 February 1 (NOS). Especial lensing healty who he administration of the American Administration of the lensing
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	e volument proprietants symmetric by the description of proprietary of the description of
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	12.b. Amount.	**************************************